

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**In re U.S. Patent Application of**

**BAN et al.**

**Application Number: 10/078,475**

**Filed: February 21, 2002**

**For: HEALTH MANAGEMENT SUPPORT METHOD,  
SYSTEM AND HEALTHY LIFE EXPECTANCY  
PREDICTION DATA GENERATION METHOD AND  
SYSTEM**

**Attorney Docket No. HITA.0173**



**Art Unit 3626**

**Examiner M. Tomaszewski**

**Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

**COVER LETTER**

Sir:

[x] The fee for submission of claims is calculated as shown below:

FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS ALREADY PAID	RATE	CALCULATION
Total Claims	18	19	XXX (Over 20)	x \$50	0
Independent Claims	2	2	XXX (Over 3)	x \$200	0
MULTIPLE DEPENDENT CLAIM(S)				+ \$360	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28).				x ½	
				TOTAL	0.00

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

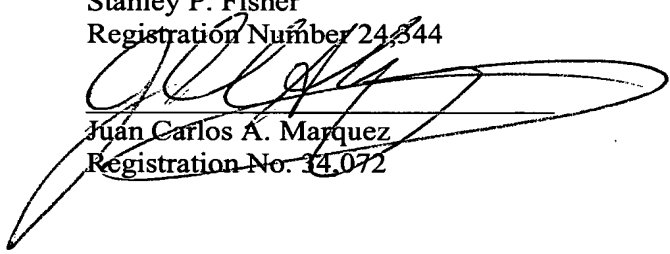
[ x ] Preliminary Amendment/Response  
(with Claim Amendments)  
[ ] Substitute Specification  
[ ] Preliminary Amendment  
[ ] Information Disclosure Statement

[ x ] Petition for Extension of Time (1 month)  
[ ] Terminal Disclaimer  
[ ] Letter to Draftsperson w/ \_\_ sheets of  
replacement drawings  
[ x ] Request for Continued Examination

- [ ] Please charge my **Deposit Account Number** \_\_\_\_\_ in the amount of \_\_\_\_\_ to cover the fees for \_\_\_\_\_. A duplicate copy of this paper is enclosed.
- [ x ] Checks in the amount of **\$120.00** to cover the one-month extension fee and **\$790.00** to cover the RCE fee are enclosed.
- [ x ] The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,

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